

PART B—ISSUE FEE TRANSMITTAL

1.210.00-142-B
30-00-561

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.



1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
E ANTHONY FIGG ROTHWELL FIGG ERNST & KURZ 555 13TH STREET NW WASHINGTON DC 20004 18M2/0607 PATENT FEE RECEIVED		INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		CO-INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
<input type="checkbox"/> Check if additional changes are on reverse side			

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
First Named Applicant 08/335,400	11/03/94	007	ADAMS, D	1806 06/07/95

TITLE OF INVENTION: PAGE, MARTIN J.
 A METHOD FOR TREATING A MAMMAL SUFFERING FROM A T-CELL MEDIATED DISORDER WITH A CHO-GLYCOSYLATED ANTIBODY (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 1808163A	424-133.100	M29	UTILITY	NO	\$1210.00	09/07/95

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1 Rothwell, Figg, 2 Ernst & Kurz 3

040 BS 09/13/95 08335400
 1.142 1,210.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		DO NOT USE THIS SPACE	
(1) NAME OF ASSIGNEE: Burroughs Wellcome Co.		1 531 30.00 CK	
(2) ADDRESS: (CITY & STATE OR COUNTRY) Research Triangle Park, NC		6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies 10 6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 02-2135 (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees	
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) Barbara G. Ernst (Date) 9/6/95 Barbara G. Ernst, Reg. No. 30,377 NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

1. TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

PART C—CHARGE TO DEPOSIT ACCO

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30.00-561B
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1. CORRESPONDENCE ADDRESS



18M2/0607

E ANTHONY FIGG
ROTHWELL FIGG ERNST & KURZ
355 15TH STREET NW
WASHINGTON DC 20004

DILL/LEAF/ROE

mum

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

First Named Applicant

11/03/94

007

ADAMS, D

1806

06/07/95

TITLE OF INVENTION

PAGE

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1561

30.00 CR

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(Authorized Signature)

Barbara G. Ernst, Reg. No. 30,377

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